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ABSTRACT

In response to an existing need in the nursing education literature, this paper suggests a comprehensive strategy for applying instructional design procedures to the staff development of in-hospital nursing personnel. Although instructional design themes are present in the nursing education literature, each entry can be characterized as focusing on either (1) a general discussion of design considerations but void of illustrative prototype instructional materials, or (2) a specific but singular feature of the design process--most frequently, the measurement and evaluation phase. This paper presents the following: (1) generic models for systematically designing nursing-oriented instruction at three levels of specificity--namely, the program syllabus or macro level, the course syllabus or intermediate level, and the instructional unit or micro level; and (2) prototype instructional materials pertaining to a unit on the physical assessment of the neonate. These generic models and prototype materials are considered in the context of an actual calendar-year program for nursing staff development currently being implemented at Children's Hospital in New Orleans. The program includes a course on neonatal critical care and the instructional materials included in this paper. It is anticipated that parallel or comparable staff development programs in nursing and other health sciences, comprised of appropriate courses and their corresponding units, might be modeled on those developed for Children's Hospital. (Author/KC)

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Instructional Design Applications to Nursing Staff Development

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Abstract

The position advanced in this paper centers on the comprehensive application of instructional design procedures to the staff development of in-hospital nursing personnel. Although instructional design themes are certainly present in the nursing education literature, each entry can be characterized as focusing on either (a) a general discussion of design considerations but void of illustrative prototype instructional materials or (b) a specific but singular feature of the design process--most frequently, the measurement and evaluation phase. The significance of this particular paper, though, can be found in its presentation of the following: (a) generic models for systematically designing nursing-oriented instruction at three different levels of specificity; namely, the program syllabus or macro level, the course syllabus or intermediate level, and the instructional unit or micro level; and (b) prototype instructional materials pertaining to a unit on the "Physical Assessment of the Neonate." These generic models and prototype materials are considered in the context of an actual calendar-year "Program for Nursing Staff Development" currently being implemented at Children's Hospital in New Orleans, inclusive of a course on "Neonatal Critical Care" and the aforementioned unit. It is anticipated that parallel or comparable staff development programs in nursing and other health sciences, comprised of appropriate courses and their

corresponding units, might be more efficiently and competently generated elsewhere given the procedures and materials modelled at Children's Hospital.

Instructional Design Applications to Nursing Staff Development

Instructional design as a topic of interest among educators in varied disciplines and professions has been receiving increased attention in the literature (see, e.g., Briggs, 1977; Gagné & Briggs, 1979; Romiszowski, 1981). Essentially, the process of designing instruction involves specifying and producing particular environmental situations in the classroom which incline students to react in such a way that a specified change occurs in their behavior (Merrill, 1971). More specifically, instructional design can be viewed as encompassing three major activities: preparing instruction, implementing instruction, and evaluating instruction. A basic premise addressed recently in the literature (Hymel, 1984) is that the major activities comprising instructional design are most effectively accommodated when (a) a systems-based format is employed and (b) they are focused on the three levels of instructional design: the program syllabus, the course syllabus, and the instructional unit.

Although instructional design themes are certainly present in the nursing education literature, each entry can be characterized as focusing on either (a) a general discussion of design considerations but void of illustrative prototype materials (e.g., Connoly & Van Hoover, 1980; Kennedy, 1983;

Stewart, 1983; Wales & Hageman, 1979) or (b) a specific but singular feature of the design process--most frequently, the measurement and evaluation phase (e.g., Alexander, 1985; Bowler,1974; Brady, 1985; Gentile & Stevens-Haslinger, 1983; Huckabay, 1979).

The position advanced in this paper, however, focuses on the comprehensive application of instructional design procedures to the staff development of in-hospital nursing personnel, replete with illustrative prototype instructional materials (see, also, Deere, 1985). The significance of this effort can be found in its presentation of the following: (a) generic models for systematically designing nursing-oriented instruction at three different levels of specificity; namely, the program syllabus or macro level, the course syllabus or intermediate level, and the instructional unit or micro level; and (b) prototype instructional materials pertaining to a unit on the "Physical Assessment of the Neonate." These generic models and prototype materials are considered in the context of an actual calendar-year "Program for Nursing Staff Development" currently being implemented at Children's Hospital in New Orleans, inclusive of a course on "Neonatal Critical Care" and the previously-mentioned unit.[1]

Systems-Based Model for Designing Instruction: An Overview

The relationship between the phases and levels of instructional design is such that the tasks of preparing, implementing, and

evaluating instruction represent (a) the means to generating instructional products or documents labelled program syllabus, course syllabus, and instructional unit and (b) the activities that are actually engaged in by the teacher in the attempt to interact with students at three levels in the instructional process.

Figure 1 is a simple illustration of the predominately deductive movement in the overall process of designing instruction at the program syllabus level (e.g., a calendar-year "Program for Nursing Staff Development" for in-hospital personnel), course syllabus level (e.g., "Neonatal Critical Care"), and instructional unit level (e.g., "Physical Assessment of the Neonate").

Insert Figure 1 about here

Designing Instruction at the Program Syllabus Level

Figure 2 illustrates the systems-based model for designing a program syllabus--the macro level in the instructional design process. Figure 3 represents a checklist for designing a program syllabus that is intended to accompany the model. The flowchart and checklist are intended to serve as a schematic illustration and quasi-narrative, respectively, depicting the 11 components which comprise a program syllabus and, hence, need to be developed as one form of documenting the preparatory,

implementation, and evaluative activities that have been designed for the particular instructional program being addressed. As the model and checklist indicate, the 11 components comprising the program syllabus include the following: program identification, program description, program rationale, program goals, program prerequisites, sequence of courses available in the program, categories of instructional methods used in the program, program requirements, available program resources, program calendar, and categories of program evaluation criteria for students and teachers.

Insert Figure 2 about here

Insert Figure 3 about here

The calendar-year "Program for Nursing Staff Development" currently in operation at Children's Hospital was developed by the sequential use of the systems-based model and checklist illustrated above. The program is designed to provide in-hospital nursing personnel with continuing education experiences. The following is a brief characterization of the program syllabus as well as the steps that led to its design:

The topics chosen for this staff development effort are listed specifically in the program description section of the

syllabus and include the following: chest tubes; family/ patient discharge teaching; neonatal critical care; ventriculostomies; blood administration; intravenous therapy; burns--fluid and electrolytes; and lab values. The basic premise of the program rationale is to maintain nursing competence and to ensure professionalism through the use of continuing education. The procedure utilized for the identification of educational needs is also included in the program rationale. A program goal is listed for each selected topic. The program prerequisite is simply that of being a member of the nursing personnel for Children's Hospital. The outline of the program courses includes a listing of the topics narrated earlier in the program description.

The various instructional methods employed across the program's courses are then identified; these span a continuum ranging from didactic lectures and discussion to clinical assignments. Requirements for the completion of the individual courses, including attendance at all mandatory inservices, are then stated. Program resources are listed in a general fashion and include instructor-prepared materials, commercially-available materials, and resource personnel. A program calendar is then presented which reflects one topic for each of nine months; three months are left open for unexpected inservices that might occur during the calendar year due to an ongoing identification of needs.

The evaluation plan is stated explicitly in terms of mastery or non-mastery of specific objectives for each course. Finally, the program evaluation involves a Likert-type and open-ended questionnaire to be completed at the end of the calendar year and used in the development of the following year's program.

The calendar-year "Program for Nursing Staff Development" is extremely explicit and is intended for distribution to all unit directors so as to ensure their awareness of the educational experiences available for their nursing staff.

Designing Instruction at the Course Syllabus Level

Figures 4 and 5 represent the systems-based model and accompanying checklist, respectively, for designing a course syllabus--the intermediate level in the instructional design process. As was the case with the program syllabus, the course-oriented flowchart and checklist depict the 12 components which comprise a course syllabus designed from a systems-based perspective and, hence, represent the type of documentation appropriate to this level of instructional design. Those 12 components include the following: course identification, course description, course rationale, course goals, course prerequisites, sequence of instructional units comprising the course, instructional methods used in the course, course requirements, available course resources, course schedule, evaluation plan for students, and evaluation criteria for course effectiveness.

Insert Figure 4 about here

Insert Figure 5 about here

A syllabus for a 20-clock-hour "Neonatal Critical Care" course was generated utilizing the above-cited systems-based model and checklist. The course is designed to provide nurses with extensive knowledge in the area of neonatology. The following is a succinct account of the course syllabus as well as the activities that led to its development:

Specific topics included in the course are overviewed in the course description and encompass the following: factors affecting the fetus and/or neonate before transition to extrauterine life; transition to extrauterine life; neonatal resuscitation; physical and gestational age assessment of the neonate; thermoregulation of the neonate; nutritional, feeding, and gastrointestinal disorders; hypoglycemia; hyperbilirubinemia; fluids, electrolytes, and renal disorders; disorders of the pulmonary system; central nervous system disorders; neonatal hematologic problems; umbilical arterial and venous catheters; and maternal-infant bonding and socialization. The course rationale focuses on the specialized body of knowledge and skills required to administer high quality nursing care to neonates. A goal is listed for each topic treated in the course. No course

prerequisites are listed. A detailed outline of the course contents is then given.

Instructional methods to be utilized during the course are then listed. Specific resources for the course are cited and include bibliographic citations of books, journal articles, and audio-visual listings as well as resource personnel. A course schedule is then presented which correlates class dates, associated topics, and required readings. Various assignments for completion of the course are outlined in detail and entail activities that combine primarily the didactic knowledge base and clinical skills addressed in the course.

The evaluation plan involves completion of all formative examinations with 100% mastery following each major topic covered in the course. The use of a summative examination represents 80% of the final grade awarded at the end of the three-day course. Additional out-of-class assignments are weighted equally and represent a total of 20% of the final letter grade. A total score of 70% mastery or above of objectives is required for completion of the course. Finally, a course/instructor evaluation form is available for use following completion of the course

The course syllabus entitled "Neonatal Critical Care" is intended for distribution to each participant at the onset of the course so as to guarantee a full understanding of how the course is organized and what the expectations are for successfully completing the course requirements.

Designing Instruction at the Instructional Unit Level

The instructional unit represents the most specific--or micro--level at which instruction is designed. Accordingly, Figures 6 and 7 represent the systems-based model and checklist, respectively, for preparing, implementing, and evaluating an instructional unit.

Insert Figure 6 about here

Insert Figure 7 about here

Given the high degree of specificity called for at the instructional unit level, it is perhaps best to consider the components of a unit in the context of the preparatory, implementation, and evaluative phases of the design effort. Furthermore, the Appendix accompanying this paper should prove helpful in illustrating--at times in an abbreviated fashion--the actual sections of the unit on the "Physical Assessment of the Neonate" that was developed and is currently in use as part of the course on "Neonatal Critical Care."

Phase I: Preparing instruction. The unit description and rationale components are aspects of preparing an instructional unit and should reflect the unit goal specified earlier in the course syllabus. (It is presumed here that the delineation of course goals in the course syllabus reflects in large measure

the goals of those units comprising the course.) With respect to the unit rationale, an attempt is made to justify for the student the inclusion of the unit in the course by an appeal to (a) its unique value as a dimension of the course, (b) its relationship to previous topics as a continuation of or sequel to that which has already been covered in the course, and (c) its relationship to future topics as, perhaps, a prerequisite or foundation to material yet to be addressed.

The performance objectives component is likewise an aspect of preparing instruction at the unit level. This component specifies in a detailed fashion the precise behavior (learning) for which the student will be held accountable subsequent to instruction, including an indication of the conditions under which the behavior is to be demonstrated and the proficiency level to be attained. This component should serve to provide a basis for (a) communication among students, educators, and others as to instructional expectations, (b) planning on the part of teacher and student, and (c) evaluation of student performance and instructor effectiveness. Furthermore, if the statement of performance objectives is delineated in terms of terminal and enabling objectives, then a mechanism is available for identifying the order in which the various learning tasks are to be mastered.

Another component of the unit which relates to the preparation of instruction involves the identification and/or assessment of

prerequisite competencies. Since the progression in learning is from the known to the unknown, it is important that a determination be made of the exact prerequisite competencies required of, and hopefully possessed by, the student upon entry into the unit. Otherwise, the appropriate starting point in the presentation of a new topic would not be known by the teacher. Whether the prerequisite competencies appropriate to a unit are simply identified by the teacher for the benefit of students or actually assessed by the teacher is partially a function of the nature of the material to be covered. The former would probably suffice if the material is not highly sequential and hierarchical; otherwise, both the identification and assessment of prerequisite competencies might be in order.

A final component related to the preparation of instruction involves the delineation and sequencing of the topics comprising the unit via an advance organizer. As discussed by Ausubel (1963), an advance organizer is a written aid made available to a student for the purpose of helping the student relate the potentially meaningful material to be learned to the cognitive base (structure) which the student already possesses. It provides the learner with a subsumer which gives a general overview of the more detailed material prior to the student's actual encounter with it. Although the typical format used with advance organizers is that of a written narrative which makes use of the student's

established knowledge to increase the familiarity and learnability of the new material, other formats such as a topical outline, schmatic illustration, flowchart, film, or audiotape may be employed.

Phase II: Implementing instruction. Quite obviously, the instructional methods selected and used by the teacher in a unit as well as the student activities assigned for completion in and out of class are features of implementing instruction. Of particular note here is the necessity for the instructional methods and student activities to reflect the performance objectives addressed in the unit. The logic behind this assertion is based on Gagné's (1985) contention that performance objectives serve as indicators of the type of learning being addressed, which in turn serve as determiners of the most appropriate instructional methods and learning activities. For example, the conditions of teaching and learning which should surround a conceptual learning task are different from the conditions associated with problem solving as a type of learning and, hence, should be recognized and accommodated by the instructor.

Instructional resources represent another facet of implementing instruction. The teacher has three realms from which to select: (a) commercially-prepared resources, (b) instructor-prepared resources, and (c) resource personnel. In the case of the first two, whether one is selecting commercial

resources or developing teacher-made materials, it is important that instructional design criteria be used in the selection or development process. The components of a systems-based instructional unit that are presently being addressed would suffice as guidelines for directing the selection/development effort. With respect to the utilization of resource personnel, one should be sensitive to possible discrepancies between the students' perceptions of credible models or significant others and the actual background of the person used as a resource.

Phase III: Evaluating instruction. As indicated in the systems-based model for designing an instructional unit, formative evaluation and learning correctives represent two important components. Although these two components are crucial sequels to the initial delivery of instruction on unit topics, and perhaps could be justified as aspects of implementing instruction, they are cited here as components of the evaluation phase which have a pronounced instructional value.

Formative evaluation (variously known in the present context as criterion-referenced trial testing, practice testing, or diagnostic testing) provides ongoing, intermittent feedback to the teacher and student concerning the latter's progress at various stages in a given unit of instruction. This form of criterion-referenced testing occurs several times prior to

the completion of the unit and makes possible the identification of learning deficiencies and the subsequent prescription of alternative remedial measures. Formative evaluation, then, provides the "diagnostic" part of any attempt at diagnostic-prescriptive teaching.

As the flowchart indicates, the results of the formative testing suggest how effective or ineffective were the sequencing of topics via the advance organizer, the instructional methods, the student activities, and the resources used at various stages in the unit. In those instances when the formative test results indicate a learning deficiency on the part of a student, then learning correctives may be prescribed. These may include alternative ways of sequencing the material, delivering instruction, involving students via assignments, and employing resources. The learning correctives, then, represent the "prescriptive" part of any attempt at diagnostic-prescriptive teaching.

The summative evaluation component in this model refers to a criterion-referenced assessment at the end of the unit to determine a student's letter grade as based on demonstrated mastery of the unit's prespecified performance objectives. Finally, the unit evaluation component refers to (a) the students' opportunity to assess the instructional quality of the unit (perhaps via a brief questionnaire) and (b) the type of achievement distribution attained on the summative test (a negatively skewed curve suggesting instructional success).

Conclusion

In response to an existing need in the nursing education literature, this paper has suggested a comprehensive strategy for applying instructional design procedures to the staff development of in-hospital nursing personnel. This effort has also been accompanied by illustrative prototype instructional materials--generally discussed at the program syllabus and course syllabus levels, but more specifically treated at the instructional unit level. It is anticipated that parallel or comparable staff development programs in nursing and other health sciences, comprised of appropriate courses and their corresponding units, might be more efficiently and competently generated elsewhere given the procedures and materials modelled at Children's Hospital.

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Appendix

Prototype Materials for an Instructional Unit on the

"Physical Assessment of the Neonate":

Abbreviated Form

UNIT TOPIC: Physical Assessment of the Neonate

DESCRIPTION: This unit provides a detailed description of normal physical characteristics of the neonate and the assessment techniques required to detect any abnormalities.

RATIONALE: This unit is the first in a series of two geared to provide the nurse with the foundational information required in order to comprehend subsequent units concerning the pathophysiology of the neonate and to administer high quality nursing care to the normal as well as abnormal neonate. This unit should provide the nurse with valuable information concerning physical assessment of the neonate and detection of neonatal abnormalities.

PERFORMANCE OBJECTIVES: Upon completion of the learning activities associated with this unit, and without access to reference notes, materials, or preceptor, the student should be able to perform the following tasks with 100% proficiency:

1. Explain the purpose of the initial neonatal physical assessment.

2. List characteristics that should be observed utilizing inspection without contact.

3. List auscultation and palpation maneuvers that should be performed while the infant is supine.

. . . . . .

25. List common reflexes tested during neurological examination.

26. List normal vital signs including blood pressure, pulse, respirations, and temperature.

PREREQUISITES: None

ADVANCE ORGANIZER FOR PRESENTATION:

I. Initial Neonatal Physical Assessment

A. Inspection Without Contact
B. Prone and Supine Inspection by Palpation
C. Prone and Supine Inspection by Auscultation

II. Congenital Hip Dislocation Maneuver

III. Physical Findings Related to Contour, Proportions, and Postures

A. Head and Chest Circumferences
B. Normal Posturing

. . . . . .

XXII. Reflexes Tested During Neurological Examination

A. Grasp Reflex
B. Rooting Reflex
C. Suck Reflex
D. Head Lag
E. Moro Reflex

XXIII. Normal Vital Signs of the Neonate

A. Blood Pressure
B. Pulse
C. Respirations
D. Temperature

INSTRUCTIONAL METHODS:

1. Lecture

2. Audiovisual materials

3. Discussion

RESOURCES:

1. Korones, S. B. (1981). High risk newborn infants: The basis for intensive nursing care (3rd ed.). St. Louis: C. V. Mosby.

2. Neonatal Physical Assessment (Videotape)

LEARNING ACTIVITIES:

1. Complete the readings designated in the course syllabus.
2. Attend the scheduled lecture on the discussion of the unit topic "Physical Assessment of the Neonate."
3. View the videotape entitled Neonatal Physical Assessment.
4. Complete the Formative Test.
5. Perform an actual physical assessment on a selected neonate and provide written documentation.
6. Provide written responses to the 26 performance objectives.

* *

FORMATIVE TEST

UNIT TOPIC: Physical Assessment of the Neonate

GENERAL DIRECTIONS FOR FORMATIVE TESTS: A formative test is a device for providing the student and instructor with intermittent feedback regarding the former's mastery of the subtopics comprising a given unit of instruction. Immediately following each test item is a parenthetical citation which identifies that section of the advance organizer and lecture notes to which the student should refer if his/her response to the item was incorrect. This simple procedure should assist the student in correcting whatever learning deficiency resulted in the inappropriate response being given.

DIRECTIONS: Each of the following statements is either consistent "C" or inconsistent "I" with the information provided in this unit. Please indicate the correct response by placing a "C" or an "I" in the space provided.

_____1. The initial physical examination of the neonate identifies existing abnormalities and provides a basis on which future changes can be assessed. (I)

_____2. Physical characteristics that are observed by inspection without contact include noting infant's overall size and contour, cranial enlargement, posturing, amount of subcutaneous fat, respirations and abdominal protrusions. (I,A)

_____3. Maneuvers performed while the infant is supine include abdominal palpation, chest auscultation, and spinal palpation. (I, B-C)

. . . . . .

____25. The Moro Reflex is characterized by sucking movements elicited upon brushing the infant's cheek. (XXII, E)

____26. Normal vital signs of a newborn could be B.P. 70/40, P. 120, R. 30, and T. 98.6. (XXIII, A-D)

* *

FORMATIVE TEST RESULTS

UNIT TOPIC: Physical Assessment of the Neonate

NAME:_____

DATE:_____

_____ The score you achieved on the formative test was 100; therefore, there are no learning correctives that you must complete. Please proceed to the next unit entitled "Gestational Age Assessment."

_____ The score you achieved on the formative test was _____. The items you missed are indicated on the following pages. Please complete the learning correctives and then retake the formative test. You must make a score of 100 before proceeding to the next unit.

TEST ITEM(S) MISSED (NUMBERS CIRCLED)	LEARNING CORRECTIVES
1 2 3 4	Review lecture notes from I,A-C. Reread Korones, pp. 138-142
6 7 9 13 19 21 23	Review lecture notes from III, A - IV, B - VI, C - X,B,1 - XVI - XVIII,B - XX,A. Additional readings found in Whaley, pp. 246-256.
5	Review lecture notes from II, Additional reading and illustration found in Potter, p. 793.
. . . . .	
26	Review lecture notes from XXIII, A-D; review Appendic C of handout on normal neonatal vital signs

SUMMATIVE EXAM

UNIT TOPICS: Physical Assessment of the Neonate; and,
Gestational Age Assessment of the Neonate

NAME: _____

DATE: _____

DIRECTIONS: For each of the following multiple choice questions place the letter of the correct response in the spaces provided to the left of each question.

_____1. The purpose of the initial neonatal physical exam includes which of the following?

1. Identify existing abnormalities.
2. Determine response to tactile stimuli.
3. Provide a baseline on which future changes can be assessed.
4. Provide information concerning race and parental heredity.

a. 1, 2, 3
b. 1, 3
c. 2, 3, 4
d. all of the above

. . . . . .

____26. An average blood pressure for an infant 1 - 12 hours old could be

a. 100/50
b. 50/20
c. 110/65
d. 66/40

* *

EVALUATION OF UNIT AND INSTRUCTOR

UNIT/LECTURE: _____

DIRECTIONS: The information you provide will be used by the instructor to plan needed changes for this unit. Using the standard letter grades--A B C D F--assign a letter grade to each statement. Assign NA if the statement is non-applicable.

GRADE

_____ Lecture emphasized the most important material.

_____ Lecture was meaningfully related to the unit content.

_____ Class began punctually.

_____ Dealt with students fairly, impartially.

. . . . . .

_____ Unit topic was interesting and challenging.

_____ Overall rating of the unit.

DIRECTIONS: Please complete the following sincerely and honestly.

What I liked most about the unit was:

The part of the unit I would most like to change was:

Elaborate or explain any of the grades you gave.

Author Notes

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Requests for reprints should be sent to Dr. Glenn M. Hymel at the following address: Department of Education; Loyola University; 6363 St. Charles Ave.; New Orleans, LA 70118.

Footnote

[1]Detailed information pertaining to the "Nursing Staff Development" program syllabus, the "Neonatal Critical Care" course syllabus, and the "Physical Assessment of the Neonate" instructional unit can be obtained from the lead author at the following address: Terrie A. Deere, RN, BSN; Nurse Education; Children's Hospital; 200 Henry Clay Ave.; New Orleans, LA 70118.

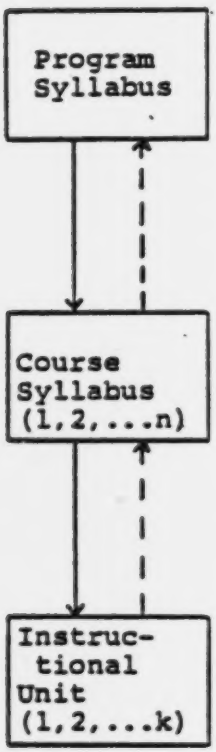

FIGURE 1:
SYSTEMS-BASED MODEL FOR DESIGNING INSTRUCTION

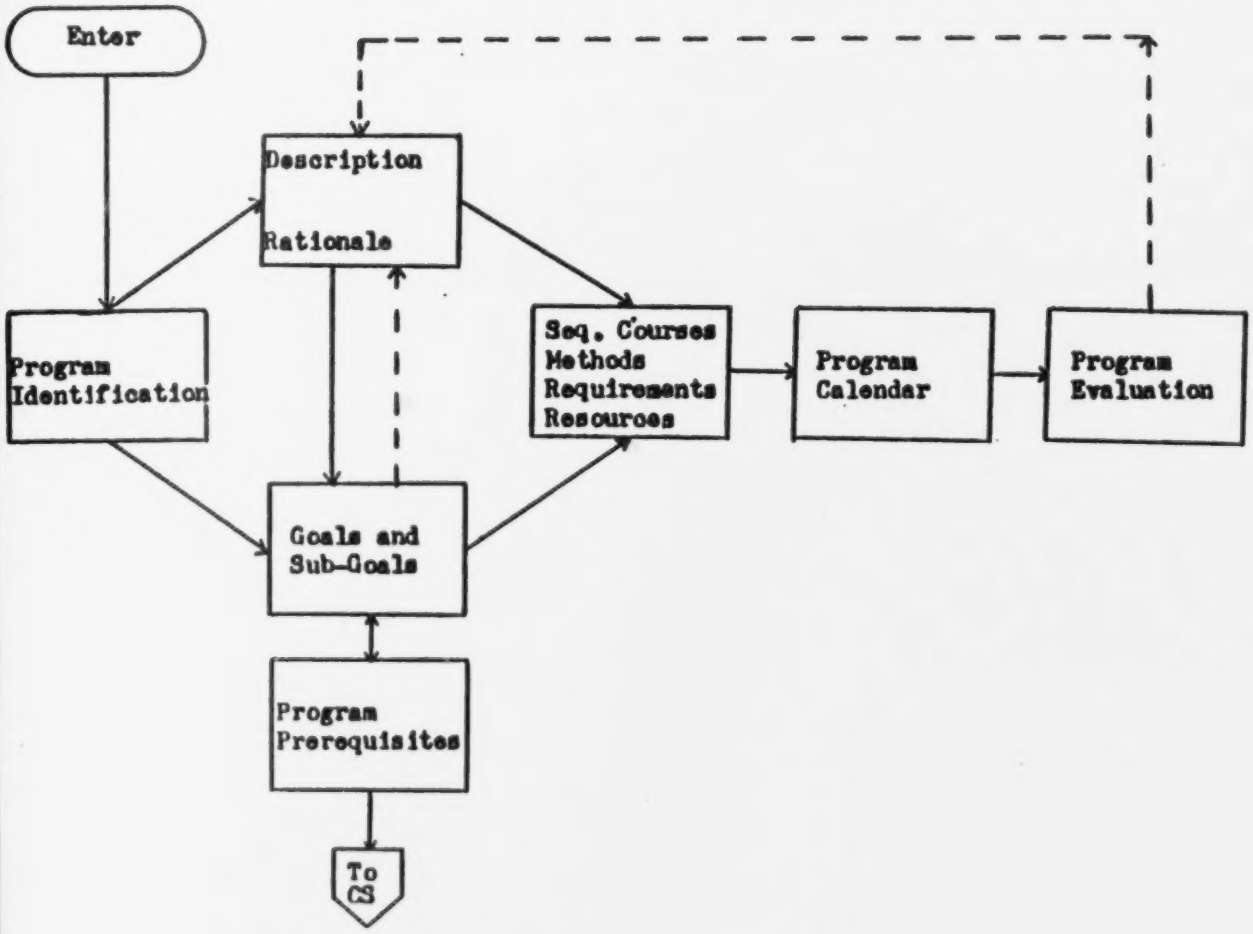

FIGURE 2:
SYSTEMS-BASED MODEL FOR DESIGNING A PROGRAM SYLLABUS

FIGURE 3:
CHECKLIST FOR DESIGNING A PROGRAM SYLLABUS

		Check When Completed
1.	Identify the program by name.	_____
2.	Describe in narrative form the subject-matter content of the program.	_____
3.	State the rationale for the existence of the program.	_____
4.	List the goals and sub-goals of the program.	_____
5.	Determine program prerequisites.	_____
6.	Outline the various courses which comprise the program.	_____
7.	Identify the broad categories of instructional methods employed in the program.	_____
8.	Identify and explain major requirements of the program as well as their corresponding deadlines, if any.	_____
9.	Specify the general types of resources available for the program.	_____
10.	Specify the program calendar with an emphasis on correlating program courses with the appropriate time frames in the program.	_____
11.	Describe the categories of evaluation criteria to be used in the program regarding students and instructors.	_____

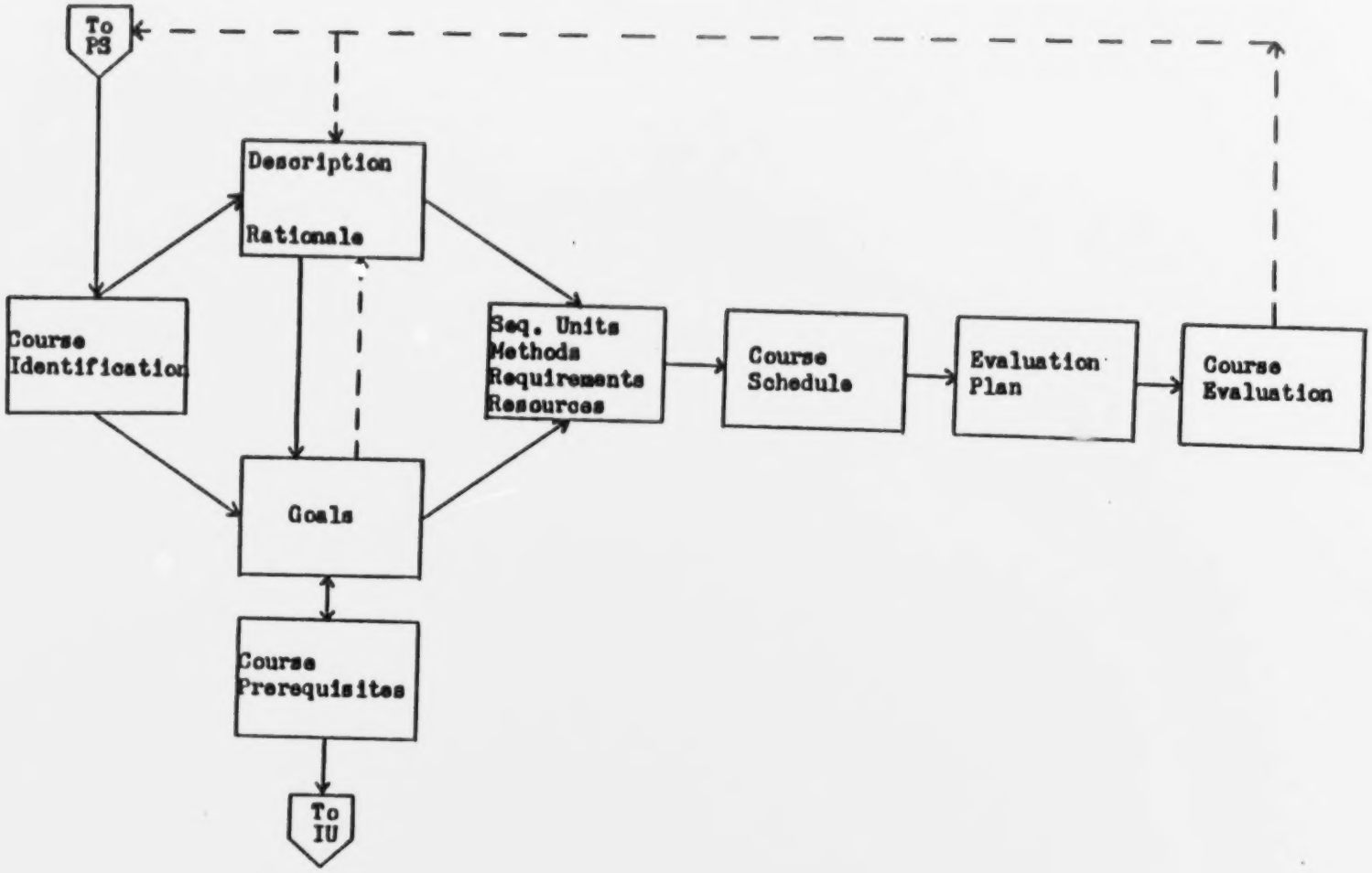

FIGURE 4:
SYSTEMS-BASED MODEL FOR DESIGNING A COURSE SYLLABUS

FIGURE 5:
CHECKLIST FOR DESIGNING A COURSE SYLLABUS

		Check When Completed
1.	Specify pertinent identifying information regarding the course (e.g., course title, instructor, time of class meeting, and room location).	_____
2.	Describe in narrative form the subject-matter content of the course.	_____
3.	State the rationale for the existence of the course.	_____
4.	List the goals or general objectives of the course.	_____
5.	Determine the prerequisites for the course.	_____
6.	Outline the various units which comprise the course.	_____
7.	Identify the instructional methods employed in the course.	_____
8.	Identify and explain major requirements of the course as well as their corresponding deadlines, if any.	_____
9.	Specify the resource materials utilized in the course.	_____
10.	Specify the course schedule with an emphasis on correlating items such as dates of class meetings, topics addressed, and assignments.	_____
11.	Describe the evaluation plan for the course relative to the following: evaluation approach (e.g., criterion-referenced), numerical range for grades, number and format of summative examinations, value of written assignments, and method of determining final grade.	_____
12.	Construct a course evaluation form which would be used to facilitate student feedback relative to the effectiveness of the course.	_____

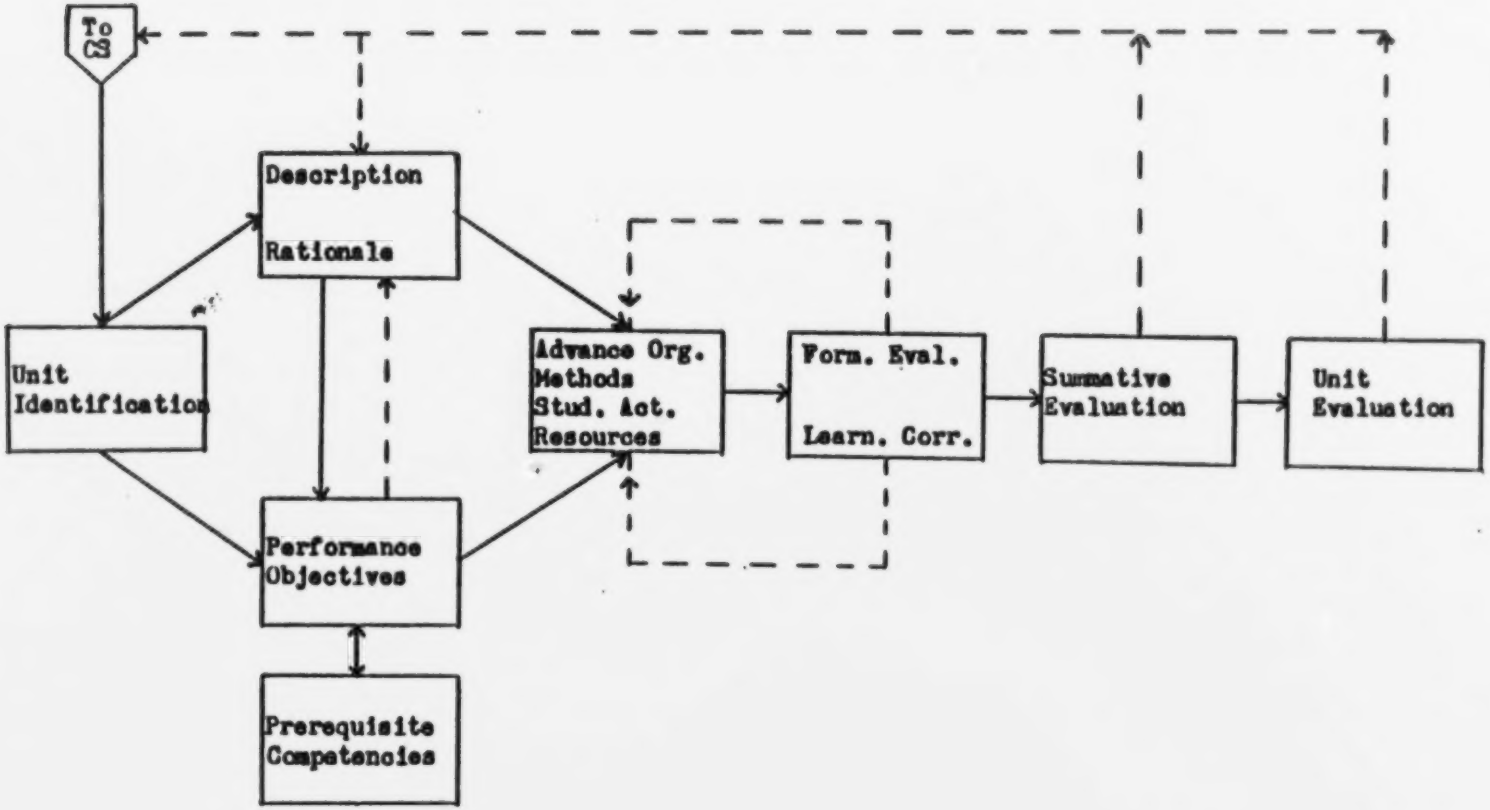

FIGURE 6:
SYSTEMS-BASED MODEL FOR DESIGNING AN INSTRUCTIONAL UNIT

FIGURE 7:

CHECKLIST FOR DESIGNING AN INSTRUCTIONAL UNIT

		Check When Completed
1.	Identify the topic addressed in the unit.	_____
2.	Describe in narrative form the subject-matter content of the unit.	_____
3.	State the rationale for the inclusion and location of the unit in the course.	_____
4.	List the performance objectives for the unit.	_____
5.	Identify and/or construct a test for prerequisite competencies.	_____
6.	Outline in detail (via an advance organizer) the various topics and subtopics which comprise the unit.	_____
7.	Identify the instructional methods used in the unit.	_____
8.	Identify the various learning activities in which the students will engage as they proceed through the unit.	_____
9.	Specify the resources utilized in the unit.	_____
10.	Construct a formative test which addresses itself to the performance objectives of the unit and which serves a diagnostic purpose.	_____
11.	(a) Identify various activities and assignments of a review and/or remedial nature to which a student would be recycled in order to correct certain learning deficiencies uncovered by the formative test.	_____
	(b) Prepare a form which reports the results of the formative test and which establishes a correspondence between items missed on the formative test and learning correctives.	_____
12.	Construct a summative test which addresses itself to the performance objectives of the unit.	_____
13.	Construct a unit evaluation form which would be used to facilitate student feedback relative to the effectiveness of the instructional unit.	_____